Choices for Care Moderate Needs Group Application

SECTION A: Individual Information				
Name:			Male	Female
Last	First	MI		
Mailing Address: Street/RFD/Box			Phone:	
Street/RFD/Box	City/Town	State Zip		
SS #: Date of B	Sirth:/ D	oes this individu	al have Medicaid?	□Yes □No
SECTION B: Moderate Needs Services				
Indicate the services the individual is applyi	ng for, the provider of those	services:		
Adult Day Sarvicas	ПНоте	makar Sarvicas	:	
Adult Day Services:		maker Services	 Homemaker Provide	<i>r</i>
SECTION C: Choice of Case Management	Agency			
You must choose one of the below agencies			are found eligible.	The case
manager will assist with the ongoing service				
☐Area Agency on	Aging -OR- Hon	ne Health Agenc	У	
	G 1.1 F			
SECTION D: Case Manager Name/Agenc	y Completing Form			
Name of Dangon Completing form	Agen	cy Name	Phone Nun	nber
Name of Ferson Completing form	21801	cy i tume		
	_			
	_			
Signature:			_ Date:	
Signature: By signing this application form, the in	ndividual/legal represen	tative agrees t	_ Date:to the following st	
By signing this application form, the in I understand that my name may be placed of I agree to provide medical and financial into	ndividual/legal represen on a waiting list and I will b formation to the persons wh	tative agrees to e notified if this o will determine	Date: to the following st is the case. e my eligibility and p	catements:
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Instructions: Complete and mail to the chosen Case Management Agency in your county. Either the local Agency Area on

Aging or Home Health Agency listed below.

County	Area on Aging Agency Providers:	Home Health Agency Providers:
Addison	Champlain Valley Agency on Aging	Addison County Home Health & Hospice
County	P.O. Box 158	P.O. Box 754
	Winooski, VT 05404	Middlebury, VT 05753
Bennington	S. W. VT Council on Aging – Bennington	VNA & Hospice of Southwestern Vermont Health Care
County	169 North Street, Stone Building	160 Benmont Avenue, Suite 17
	Bennington, VT 05201-1826	Bennington, VT 05201
Caledonia	Northeastern Vermont AAA	Caledonia Home Health Care, Inc.
County	481 Summer Street, Suite 101	P.O. Box 383, Sherman Drive
	St. Johnsbury, VT 05819	St. Johnsbury, VT 05819
Chittenden	Champlain Valley Agency on Aging	VNA of Chittenden & Grand Isle Counties
County	P.O. Box 158	1110 Prim Road, Suite 1
	Winooski, VT 05404	Colchester, VT 05446
Essex	Northeastern Vermont AAA	Orleans / Essex VNA & Hospice
County	481 Summer Street, Suite 101	46 Lakemont Road
	St. Johnsbury, VT 05819	Newport, VT 05855-1550
Franklin	Champlain Valley Agency on Aging	Franklin County Home Health & Hospice
County	P.O. Box 158	3 Home Health Circle, Suite 1
	Winooski, VT 05404	St. Albans, VT 05478
Grand Isle	Champlain Valley Agency on Aging	VNA of Chittenden & Grand Isle Counties
County	P.O. Box 158	1110 Prim Road, Suite 1
	Winooski, VT 05404	Colchester, VT 05446
Lamoille	Central Vermont Council on Aging	Lamoille Home Health Agency & Hospice
County	30 Washington Street	P.O. Box 790, RD 3, Farr Avenue
	Barre, VT 05641-4241	Morrisville, VT 05661
Orange	Central Vermont Council on Aging	VNA of Vermont & New Hampshire
County	30 Washington Street	331 Olcott Drive, Suite U1
	Barre, VT 05641-4241	White River Junction, VT 05001
Orleans	Northeastern Vermont AAA	Orleans / Essex VNA & Hospice
County	481 Summer Street, Suite 101	46 Lakemont Road
	St. Johnsbury, VT 05819	Newport, VT 05855-1550
Rutland	Southwestern VT Council on Aging	Rutland Area VNA & Hospices
County	1085 US Rte. 4 East, Unit 2B	7 Albert Cree Drive
	Rutland, VT 05701-9309	Rutland, VT 05701
Washington	Central Vermont Council on Aging	Central Vermont Home Health & Hospice
County	30 Washington Street	600 Granger Road
	Barre, VT 05641-4241	Barre, VT 05641
Windham	Council on Aging S. E. Vermont	VNA of Vermont & New Hampshire
County	56 Main Street, Suite 304	331 Olcott Drive, Suite U1
	Springfield, VT 05156	White River Junction, VT 05001
Windsor	Council on Aging S. E. Vermont	VNA of Vermont & New Hampshire
County	56 Main Street, Suite 304	331 Olcott Drive, Suite U1
	Springfield, VT 05156	White River Junction, VT 05001

Instructions for Case Managers:

Mail or FAX the application with assessment, permission for release of information, clinical worksheet, financial worksheet, and complete package checklist to:

Choices for Care Moderate Needs Coordinator 103 South Main Street, Weeks Building, Waterbury, VT 05671-1601

FAX Number: 802-241-4224; Phone: 802-241-1228